

225457

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency Certificate
from Temeka Parks DBA W.C.C

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 288 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Temeka Parks

Telephone: 803-708-1114

Address: 106 Legend Oaks Drive

Fax: 803-708-1114

Columbia SC 29229

Other: 803-201-4768

Email: parks.wedding@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED
AUG 24 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 8-13-10

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Temeka Parks DBA W.C.C

106 Legend Oaks Drive Columbia SC 29229

Street Address of Applicant

Mailing Address of Applicant if different from street address

803-708-1114

Phone

803-708-1114

Fax

parks.wedding@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2010

Assets:

| | |
|---------------------------------------|---------------|
| Cash | 8,000 |
| Receivables | 0 |
| Real Estate | 0 |
| Buildings and Equipment (Net) | 0 |
| Motor Vehicles (Net) | 20,000 |
| Garage Equipment (Net) | 0 |
| Machinery and Tools (Net) | 0 |
| Supplies on Hand | 0 |
| Prepays and Other Assets | 0 |
| Total Assets | 28,000 |
| | |
| <u>Liabilities and Equity:</u> | |
| Accounts Payable | 0 |
| Notes Payable | 0 |
| Mortgages Payable | 0 |
| Equipment Obligations | 0 |
| Accrued Salaries and Wages | 0 |
| Other Accrued Obligations | 0 |
| Other Liabilities | 0 |
| Total Liabilities | 0 |
| | |
| Capital Stock | 0 |
| Retained Earnings | 0 |
| Total Equity | 28,000 |
| Total Liabilities and Equity | 28,000 |

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

100.00 Per hour

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

15 passenger van

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Temeka L Parks

Name of Motor Carrier

106 Legend Oaks Dr Columbia, SC 29229

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

| | | Limits Quoted |
|-----------------------------------|--------------|------------------|
| Liability Combined Each Occurance | \$ 1,000,000 | <u>1,000,000</u> |
| Medical Payments per Person | \$ 1,000 | <u>1,000</u> |

Travelers Indemnity Co

Name of Insurance Company

One Tower Square Hartford, Ct 06183

Home/Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/17/10

Date

Amanda A Jordan

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for:

PARKS, TEMEKA
106 LEGEND OAKS DR
COLUMBIA, SC 29229

For Policy Effective:

08/17/2010 thru 08/17/2011

Proposal Number:

BA-7653R885

Proposal Presented By:

AACIA
P O BOX 29620
CHARLOTTE, NC 28229

On Behalf of AACIA and The Travelers Indemnity Company and its Affiliates, we appreciate the opportunity to provide PARKS, TEMEKA with the following policy proposal.

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL/QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL/QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL/QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

This proposal will expire thirty (30) days from the date of creation identified below and is not a binding contract for insurance.

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: PARKS, TEMEKA

Commercial Auto Coverage Form

Policy Level Coverages

| Coverage | Covered Auto Symbols* | Limits |
|------------------|-----------------------|-------------|
| Liability | 1 | \$1,000,000 |
| Medical Payments | 2 | \$2,000 |

State Level Coverages

| Coverage | Covered Auto Symbols* | State(s) | Limits |
|--------------------------------|-----------------------|----------|---------------------------------------|
| Uninsured Motorist Coverage ** | 2 | | See Uninsured Motorist Limits section |

Uninsured Motorist Limits

| State | UM | UIM | UMPD |
|-------|-----------|-----------|----------|
| SC | \$500,000 | \$500,000 | Included |

*See Appendix 1 for Explanation of Covered Auto Symbols

**Named Insured will be required to complete Uninsured/Underinsured and/or No Fault election forms (for all states that have an election form), prior to the effective date of the policy.

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: PARKS, TEMEKA

Optional Policy Coverages

| Coverage: | State(s) | Limit / Deductibles: |
|--------------------------|----------|----------------------|
| Hired Liability - Excess | SC | Included |
| Non-Owned Liability | SC | Included |

Vehicle Coverages

| | | | | |
|---|------|------|--------------------|---------------------|
| Auto #: 1 | 1999 | FORD | Cost New: \$15,000 | Premium: \$1,876.00 |
| Coverage(s): Liability, Medical Payments, UM BI & PD, UIM BI & PD | | | | |
| Seasonal Adjustment Storage (Days in storage): 0 - 59 | | | | |

Schedule of Drivers Including DOC Drivers:

| Driver Name | State | Date of Birth | License Number |
|----------------------|-------|---------------|----------------|
| TEMEKA LATRELL PARKS | SC | 12/05/1989 | |

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: PARKS, TEMEKA

Premium

| | |
|----------------------|-------------------|
| Liability | \$1,876.00 |
| Miscellaneous | \$250.00 |
| Gross Premium | \$2,126.00 |
| Total | \$2,126.00 |

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: PARKS, TEMEKA

THIS PROPOSAL/QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

COMPANY QUOTED: Travelers Cas Ins Co of America

TOTAL PREMIUM: \$2,126.00

Underwritten By:

The Travelers Indemnity Company and Its Affiliates

Acknowledged and Accepted By:

(Signature of the Insured)

On _____

(Date)

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

Exhibit FWA

Temeka Parks
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

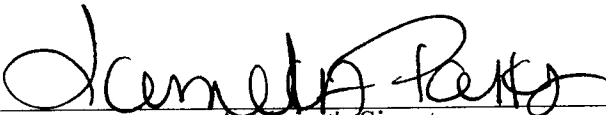
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

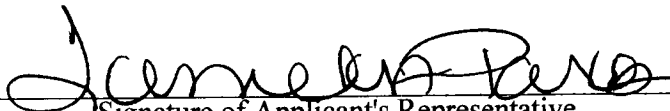
COUNTY OF Richland


Applicant's Signature

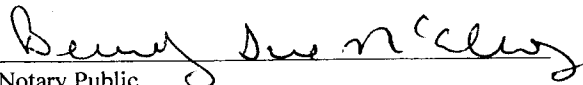
I, Temeka Parks, _____
Name of Applicant's Representative Title

of ,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 17 day of August, 2010


Notary Public

Commission Expires My Commission Expires January 10, 2018